

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 14 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township 11 CPrimary Registration District No. 3009City Advocate(No. 507 So Ellis)File No. 23561Registered No. 115

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 507 So Ellis

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Orilla Simpson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10-1881</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>2</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advocate Mo</u>	
13. NAME <u>Daniel Welch</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advocate Mo</u>	
15. MAIDEN NAME <u>Sarah Lee</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Advocate Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Orilla Welch Cape Girardeau Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cross Cent Advocate July 9 1934</u>	
19. UNDERTAKER (ADDRESS) <u>Hammer's Funeral Home Cape Girardeau Mo</u>	
20. FILED <u>July 9 - 1934 J. M. Thompson Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 7 1934</u>	Date of onset <u>5-18-34</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>6-9 1934</u> to <u>7-7 1934</u> I last saw him alive on <u>7-7 1934</u> Death is said to have occurred on the date stated above, at <u>10:50 p. m.</u> The principal cause of death and related causes of importance were as follows: <u>Interstitial Nephritis</u> <u>Apoplexy</u> <u>Myocarditis</u> <u>Atherosclerosis</u>	
Other contributory causes of importance: <u>Myocarditis</u> <u>Atherosclerosis</u>	
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Urinal</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>P. A. Ritter</u> M. D. (Address) <u>735th Broadway</u>	

on the Matter

#2
Cape Girardeau

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

115 -

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Arthur Osborn Welch
Who died at _____ on July - 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 53 Months 2 Days 27

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Interstital Nephritis
asphyxy (Chronic)

Other contributory causes of importance _____

Name of operation _____ Date of 1937

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. M. Thompson Date filed 9-10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 125

Primary Reg. Dist. No. 3009

E. T. McGaugh, M.D.
K.

Special Agent.

S-23561